100835 Division of aa Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000159302 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From;

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

JUL 16

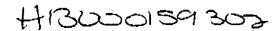
FLORIDA LIMITED LIABILITY CO. KAMK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KAMK, LLC KAM	K, LLC
(Must one with the words "Li	mitted Limitility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the second of the first terms of the second
The mailing address and street address	for the principal office of the Limited Liability Compai
The mailing address and street address	of the principal office of the Limited Liability Compa
•	Mailing Address:
The mailing address and street address Principal Office Address: Sanford N. Reinhard, P.A.	
Principal Office Address:	Mailing Address:

The name and the Florida street address of the registered agent arc:

Sanford N. Reinhard	
Name	
1290 Weston Rd., Suite 201	
Florida street address (P.O. Box NOT acceptable	
Weston, FL 33326 FL	
City, State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

1 H13000159302

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
MGR	Soly Raffoul Kamkhagi
•	1290 Weston Rd., Suite 201
	Weston, FL 33326
	
(Use attachment if necessary)	
	n the date of filing: (OPTIONAL) must be specific and cannot be more than five business day g.)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in #.817.155, P.S.)

Sanford N. Reinhard

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 IIII 16 AM 7: 24